

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-878)

SERIAL NO.

10/716430

FILING DATE

APPLICANT(S)

4/27/06

118105

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		2
4			1		1	
5				1		1
6				1		2
7			1			4
8				1		4
9				1		4
10				1		4
11				1		4
12				1		4
13				1		4
14				1		4
15				1		4
16			1		1	
17				1		1
18				1		2
19				1		2
20				1		2
21				1		2
22				1		2
23				1		2
24				1		2
25				1		2
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36				1		1
37				1		2
38				1		2
39				1		2
40				1		2
41				1		2
42				1		2
43				1		2
44				1		2
45				1		1
46				1		1
47				1		2
48				1		1
49				1		1
50				1		2
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			1
52				1		1
53			1			1
54				1		1
55				1		1
56				1		3
57			1			1
58				1		1
59				1		1
60				1		3
61				1		3
62				1		3
63				1		3
64			1			1
65				1		1
66				1		2
67				1		2
68				1		2
69			1			
70						1
71						1
72						1
73						1
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						10
TOTAL DEP.						113
TOTAL CLAIMS						123